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CONFIRMATION NO. 7903

SERIAL NUMBER 10/779,360	FILING OR 371(c) DATE 02/13/2004 RULE	CLASS 435	GROUP ART UNIT 1657	ATTORNEY DOCKET NO. Y0087.70012US00
APPLICANTS Gil G. Mor, Cheshire, CT; Donna Neale, New Haven, CT; Roberto Romero, Grosse Pointe, MI;				
** CONTINUING DATA ***** This appln claims benefit of 60/447,140 02/13/2003 and claims benefit of 60/516,296 11/03/2003				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 05/12/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY CT	SHEETS DRAWING 6	TOTAL CLAIMS 29
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 7		
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TITLE IN VITRO TEST TO DETECT RISK OF PREECLAMPSIA				
FILING FEE RECEIVED 1003	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	